

# Joint Task Force National Capital Region Medical



VADM John Mateczun

***“A world-class region, anchored by a world-class Medical Center.”*** The Honorable Gordon England -  
Deputy Secretary of Defense

# Objectives

- JTF CapMed Overview
- National Capital Region (NCR) Clinical Base Realignment and Closure (BRAC) Overview
- NCR Clinical BRAC Challenges
- Major Issues

# Establishment & Command

- JTF CapMed established 14 SEP 07 by the Deputy Secretary of Defense
- Initial Operational Capability 01 OCT 07
- Full Operational Capability 30 SEP 08
- Fully Functional Standing Joint Task Force reporting directly to the SECDEF through the DEPSECDEF
- O-9 Commander acts as senior medical officer in the region with responsibility for delivery of world-class military healthcare

# Mission and Authorities

- Oversee, manage, and direct all health care delivery by military medical units and ensure the military medical readiness of personnel assigned
- Oversee, manage, and distribute resources to military health care assets in the region
- Develop a Joint NCR Transition plan and oversee BRAC Business Plan 169 and 173E implementation and related military construction projects

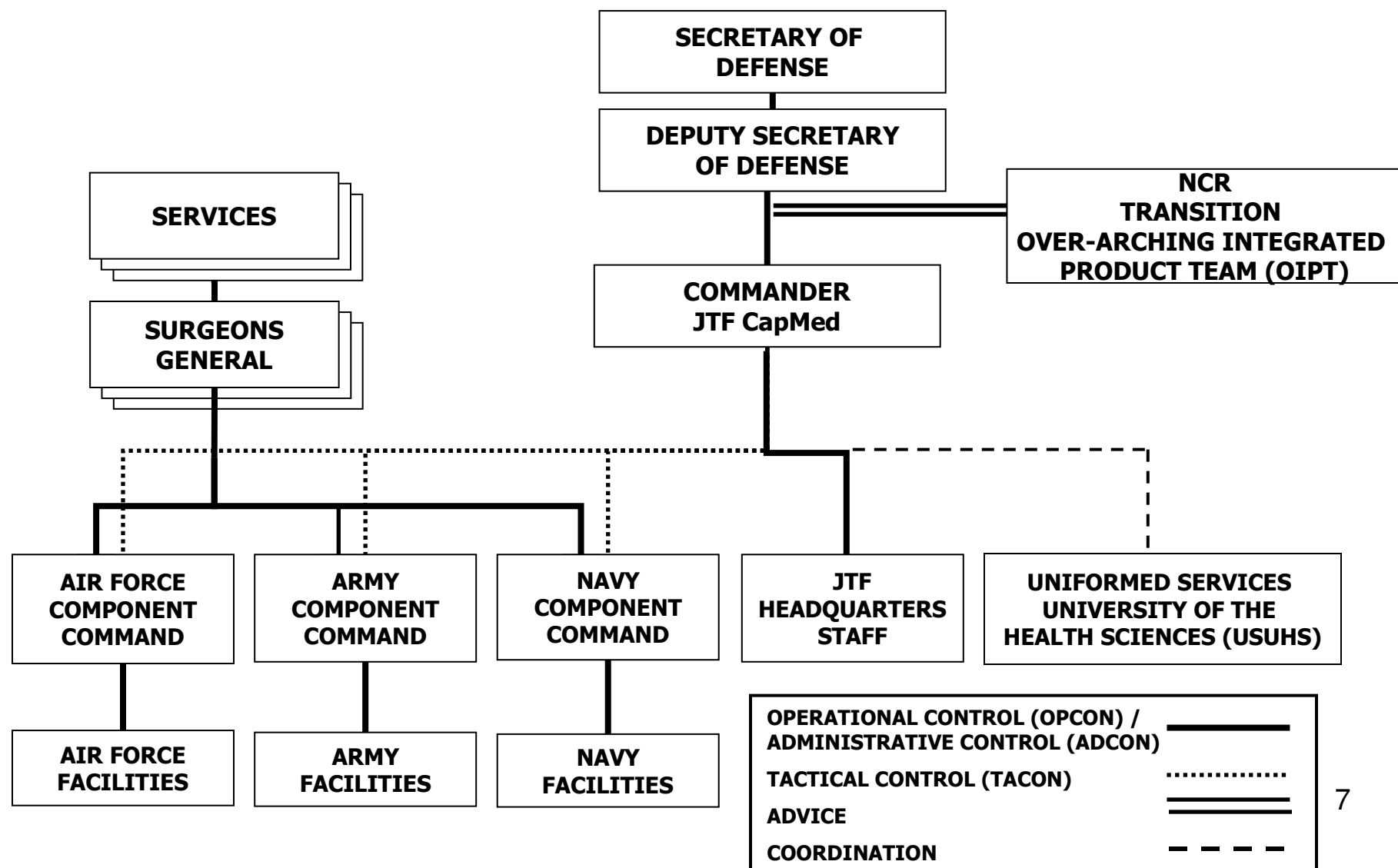
# Mission and Authorities (cont)

- Develop a Joint Transition plan and oversee BRAC Business Plan implementation and related military construction projects
- Coordinate the scheduling and funding of clinical and non-clinical work with Services, MHS BRAC Program Integration Office, US Army Corps of Engineers and Naval Facilities (NAVFAC)
- Develop and maintain interagency and private partnerships

# Resources and Personnel

- Resourced by the Component Commands, Services, and MHS (Defense Health Program)
- JTF Military Personnel on a Joint Table of Distribution (JTD)
- Commander, JTF CapMed has Tactical Control (TACON) of NCR military medical units
- The Services may assign and reassign personnel support of their military medical units

# JTF CapMed Relationships



# JTF CapMed

## Component Task Organization

### Army Component CDR: MGEN Hawley-Bowland

#### Walter Reed Army Medical Center, Washington, DC

DeWitt ACH, FT Belvoir, VA

Andrew/Rader FHC, FT Meyer, VA

AP Hill AHC, Bowling Green, VA

Fairfax FHC, Fairfax, VA

Woodbridge FHC, Woodbridge, VA

Kimbrough AHC, FT Mead, MD

Barquist AHC, FT Detrick, MD

Dunham AHC, Carlisle, PA

Defense Distribution Center AHC, New Cumberland, PA

FT Indiantown Gap AHC, Annville, PA

Letterkenny Army Depot AHC, Chambersburg, PA

Kirk AHC, Aberdeen Proving Ground, MD

Edgewood OHC, Edgewood, MD

Troop Medical Clinic, Aberdeen, MD

McNair AHC, Washington, DC

Pentagon HC, Arlington, VA (DiLorenzo)

Tri-Serv Dental Clinic, Pentagon (DiLorenzo)



# JTF CapMed

## Component Task Organization

### Navy Component CDR: RDML Nathan

#### **National Naval Medical Center, Bethesda, MD**

BHC Carderock, Anacostia, MD

BHC/DC Dahlgren, VA

BHC/DC Earle, Colts Neck, NJ

BHC/DC Indian Head, MD

BHC/DC Lakehurst, Lakehurst, NJ

BHC Mechanicsburg, PA BHC OCS Brown Field

BHC/DC NAF Washington, DC

BHC NRL, Washington, DC

BHC Philadelphia Naval Bus Ctr, PA

BHC/DC Sugar Grove, WV

BHC/DC Washington Navy Yard, DC

BHC/DC Willow Grove, PA

NHC Annapolis, MD

BHC Bancroft Hall

NHC Pax River, Patuxent River, MD

NHC Quantico, Quantico, VA

BHC Basic School

# **JTF CapMed Component Task Organization**

**Air Force Component CDR: MAJ GEN Graham**

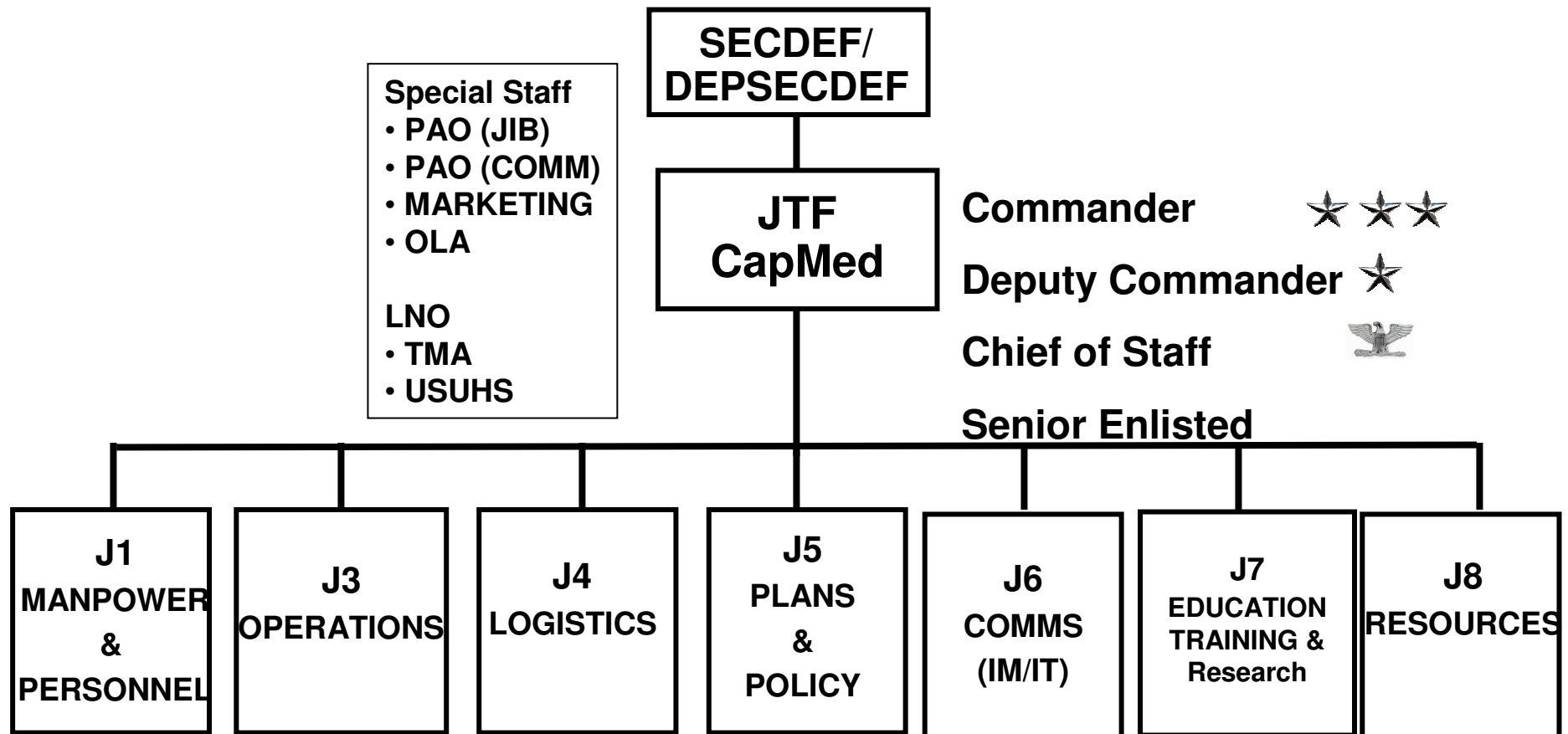
**79<sup>th</sup> MDW, Andrews AFB, MD**

**79<sup>th</sup> MDG, Andrews AFB, MD**

**579<sup>th</sup> MDG, Bolling AFB, DC**

**AF Flight Medicine Clinic, Pentagon**

# JTF CapMed Command Organization



# JTF CapMed Staff Summary

## Staff Distribution:

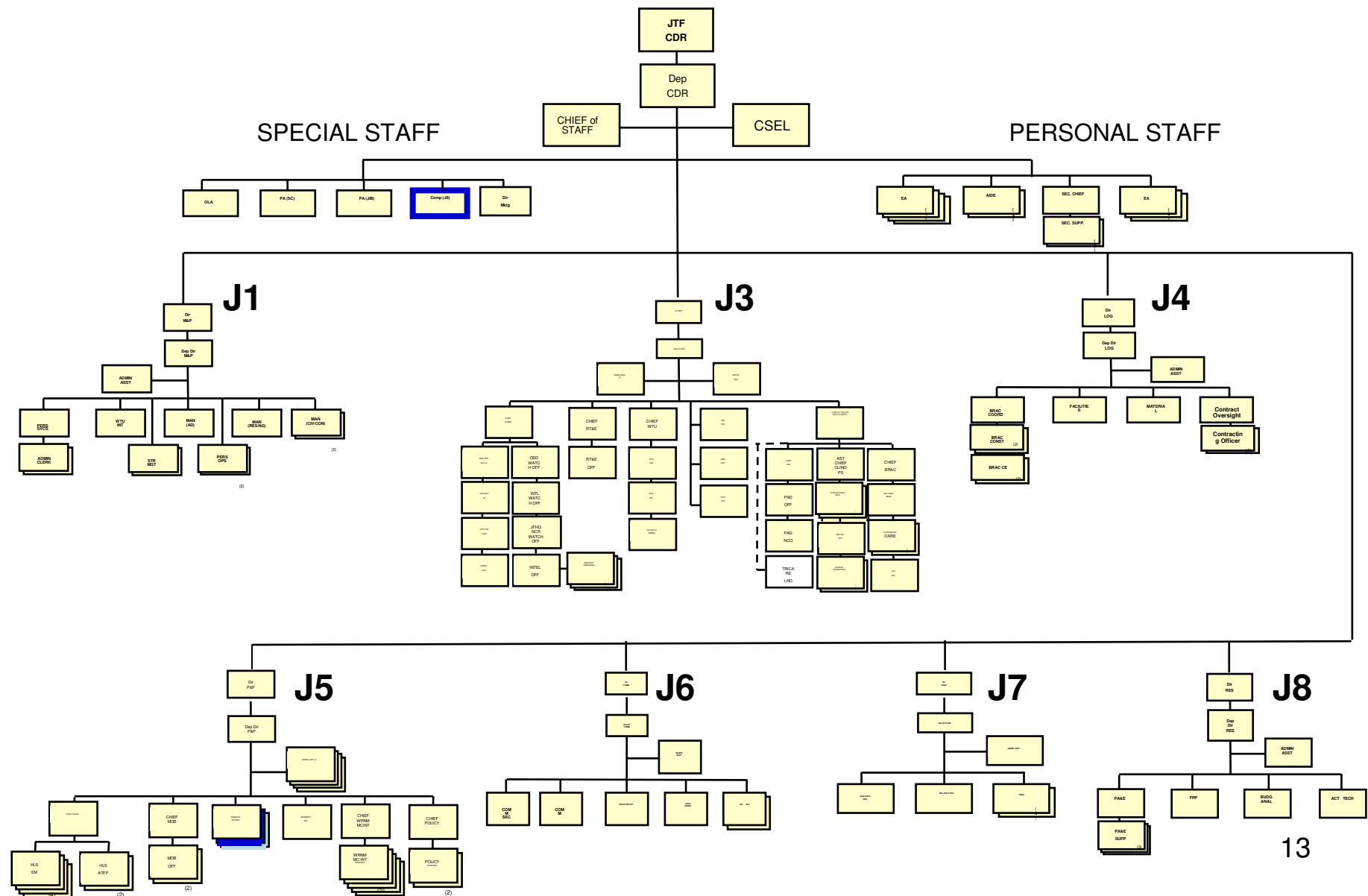
- Command: 4
- Personal Staff: 11
- Special Staff: 4
- Functional Staff:
  - J1: 15
  - J3: 49
  - J4: 13
  - J5: 29
  - J6: 9
  - J7: 8
  - J8: 10

## PERS Allocations:

- 63 military (41%)
  - 14 Air Force
  - 16 Army
  - 16 Navy
  - 17 Nominative
- 46 civilian (30%)
- 43 contractors (29%)

**Total: 152**

# JTF CapMed Staff Organization



# **JTF CapMed**

## **2007 JOA Profile**

- 538K Eligible Beneficiaries
- 291K MTF enrollees
- 3.1M MTF Relative Value Units (RVUs)
- 120K MTF Beddays
- 25K MTF Dispositions
- 29K MTF Relative Weighted Product (RWPs)
- \$1.3B MTF Budget
- 12K Military and GS employees
- \$532M Purchased Care

# BRAC Construction Activities

## Walter Reed National Military Medical Center



## Fort Belvoir Community Hospital





# WRNMMC Groundbreaking

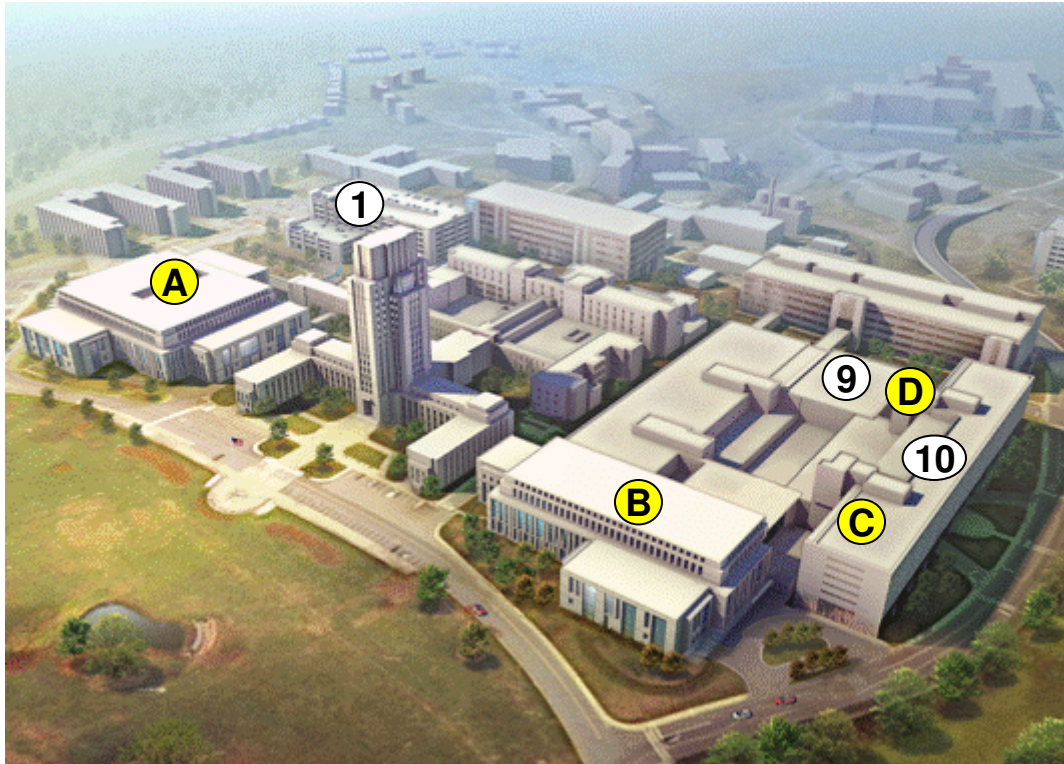


**“This is a big deal.”**

*President Bush at WRNMMC Groundbreaking July 3, 2008*



# WRNMMC Scope/Schedule



Implementation Timeline							
Phase		Planning & Design		Construction/Renovation		Fit Out / Move In	
Site		Start	Finish	Start	Finish	Start	Finish
Bethesda	Hospital Addition	Oct-06	Jan-09	Jul-08	Oct-10	Oct-10	Apr-11
	Hospital Alteration	Oct-06	Jan-09	Jul-08	Jul-11	Jul-11	Sep-11
	Support Facilities	Jan-08	Jul-08	Jan-09	Sep-11	Aug-11	Sep-11
Ft Belvoir	New Hospital	Feb-06	Jan-09	Sep-07	Aug-10	Sep-10	Feb-11

**Groundbreaking held July 3, 2008**

## MILCON Information

**Working Estimate:** \$939.6M

### Square Footage:

- Addition: 637,000
- Alteration: 321,000
- Support Facilities: 590,000

## Enhancements for Medical Center

- A Ambulatory Care Center:** Part of original BRAC scope
- B Enhanced scope:** Provides all new ICU beds. Original BRAC scope provided 20 new beds and 30 existing ICU Beds. Acceleration funds assist in completing addition faster.
- C Enhanced scope:** 66 Single Patient Beds (renovate existing space in Bldg 10)
- D Enhanced scope:** Augment family support space includes Renovation of building 9 and 10; and selected existing buildings

## Existing Facilities

- 1 Bldg 1, Historic Tower**
- 9 Bldg 9, Existing Outpatient Bldg**
- 10 Bldg 10, Inpatient Bldg**

# WRNMMC Enhancements for Joint Warrior Support



## WRNMMC BRAC

Enhanced and Accelerated

### Hospital Addition/Alteration & Parking

### Joint Warrior Support Facilities

1. **Warrior Clinic** (FY09)
2. **Warrior in Transition Housing** (FY09)
3. **Joint Warrior Support Center (JWSC)** (FY08-09) - (Proposed location)
4. **Expanded Mess Facilities** (FY09)
5. **MEDCEN Jr. Enlisted Housing** (FY09)
6. **Non-Clinical MEDCEN Support** (FY08)
7. **Fitness Center** (FY09)
8. **Parking** (FY09)

### Other

9. **National Intrepid Center of Excellence (NiCoE)**
10. **New Fisher Houses** (2 x 21 units)



# National Intrepid Center of Excellence (TBI / PH)

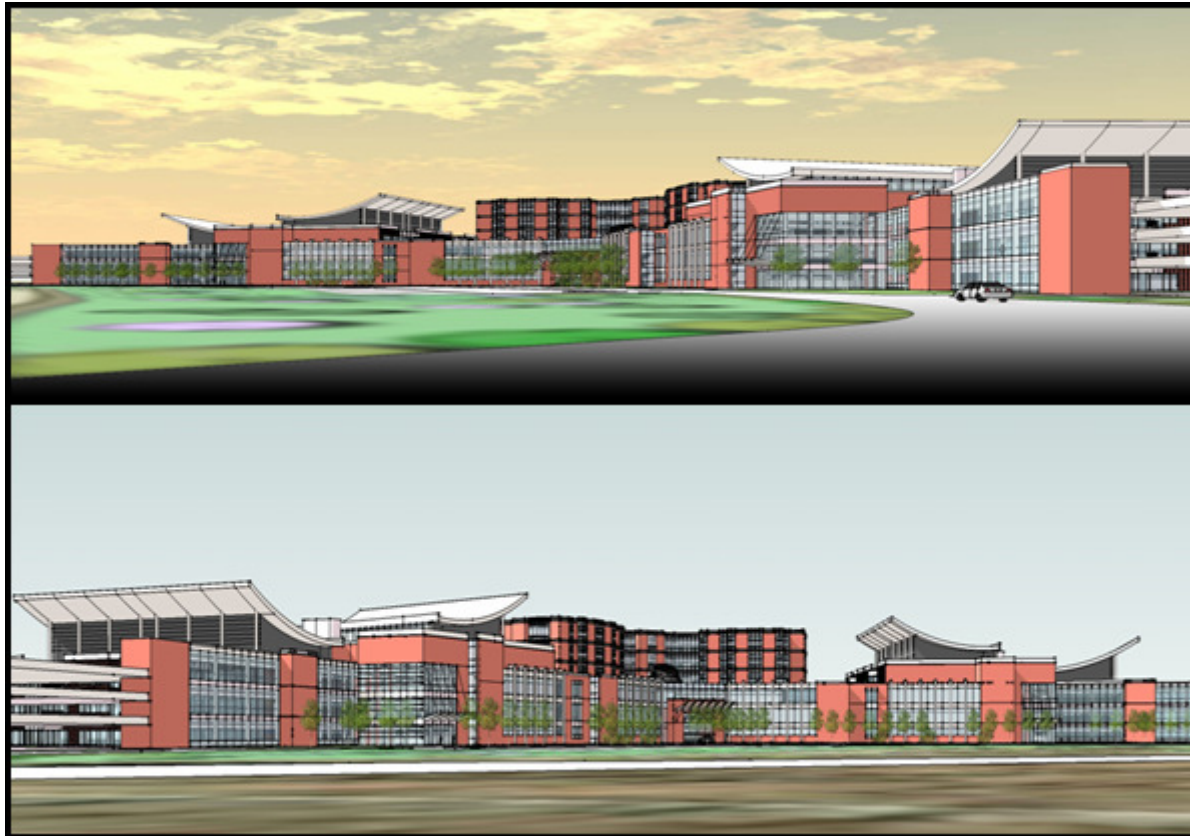


**Groundbreaking held June 5, 2008**

# NICoE Scope of Services

- Advanced diagnostics, initial treatment plan, family education, introduction to therapeutic modalities, referral and reintegration support for warriors with post traumatic stress disorder, complex psychological health issues, and/or traumatic brain injury
  - Initial Assessment and Diagnosis
  - Treatment/Rehabilitation
- Research; new protocol testing; comprehensive training and education provided to patients, providers and families

# Fort Belvoir Community Hospital Scope/Schedule



## MILCON Information

**Working Estimate:** \$747M  
**Square Footage:** 1.37M

## Enhancements

- Ambulatory Care
  - Blood Donor Center
  - Community Health
  - Family Advocacy
  - Graduate Medical Education
  - Hospital Education
  - Occupational Health
  - Patient Services
  - Red Cross
  - Substance Abuse
- Private Sector Space Standards Adjustment
- Enhancement to Equipment Budget
- Construction Acceleration

## Implementation Timeline

Phase		Planning & Design		Construction		Fit Out / Move In	
Site		Start	Finish	Start	Finish	Start	Finish
<b>Ft Belvoir</b>	New Hospital	Feb-06	Jan-09	Nov-07	Aug-10	Sep-10	Feb-11

**Groundbreaking held November 8, 2007**

# WRNMMC and Fort Belvoir Community Hospital (FBCH) Evidence Based Design



Generous Public Amenities



Decentralized Nursing Stations



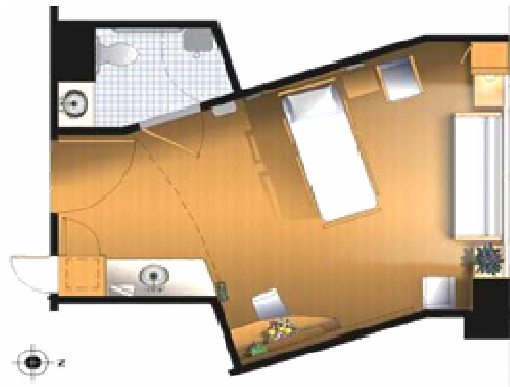
Courtyards, Gardens & Access to Nature

## Healing Environment

- Patient/family-centered
- Respect for privacy and dignity
  - Single patient rooms; family amenities
- Art, music, links to nature, daylight
- Ease of wayfinding
- Decentralized nursing
- Grouped Services
  - Women's health, children's center



Ample Daylight



State-of-the-art Private Bedroom  
with Family Accommodations

## Positive Outcomes

- Motivates staff
- Reduces patient stress
- Improves healthcare quality
- Optimizes health outcomes
- Increases patient safety
- Prevents infection



# **NCR Clinical BRAC Challenges**

- Two Major Medical Facility Construction Projects
- Workforce alignment to new WRNMMC and Fort Belvoir Hospital
- Integrated Regional Healthcare Delivery System

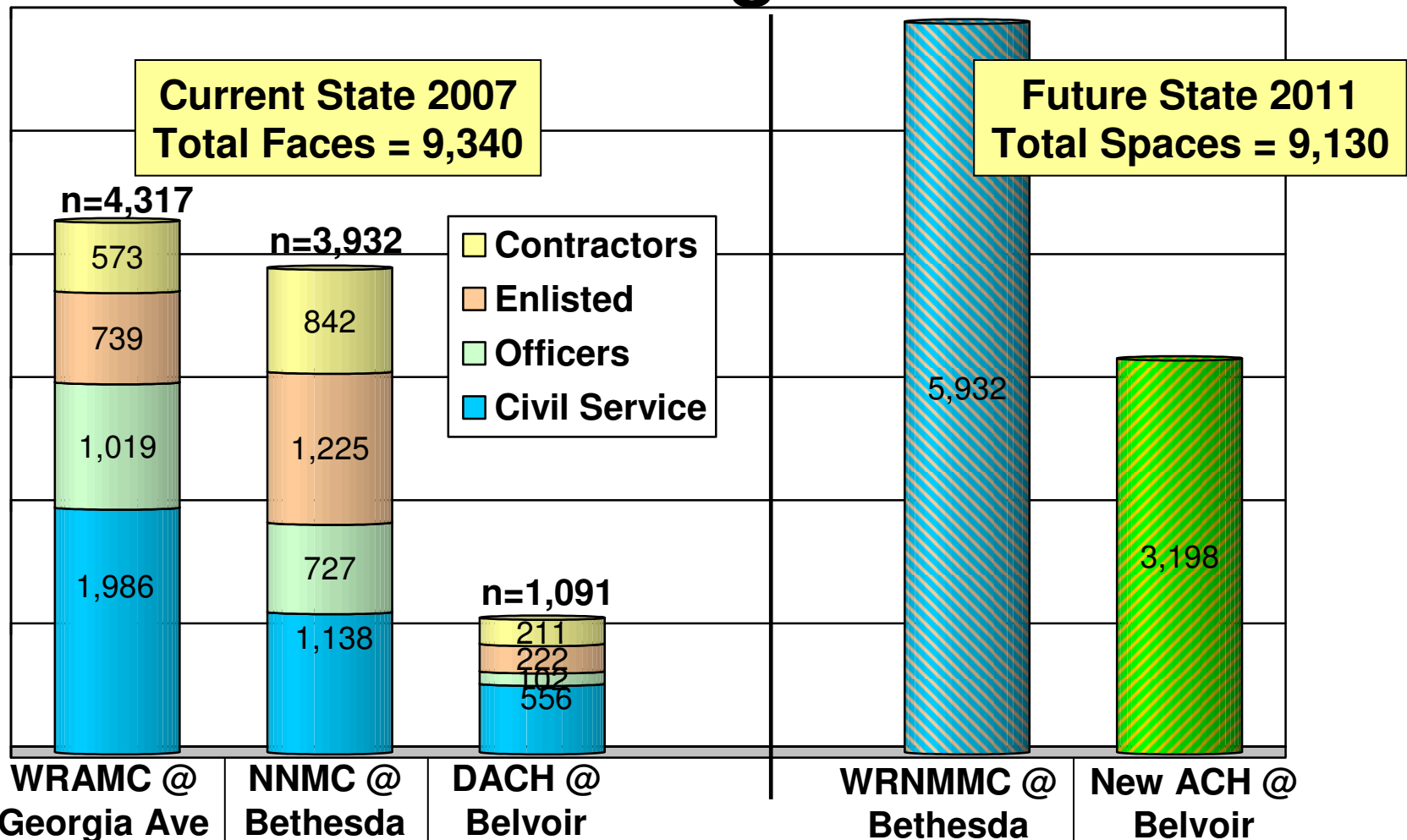
# NCR Financial Program

(\$ M)	FY07	FY08	FY09	FY10	FY11	Total
<b>Feb 08 Position</b>						
MILCON	16.0	866.6	652.3	168.7	-	1,703.6
O&M	-	19.2	75.3	138.2	68.7	301.4
<b>TOTAL Program</b>	<b>16.0</b>	<b>885.8</b>	<b>727.6</b>	<b>306.9</b>	<b>68.7</b>	<b>2,005.0</b>
<b>MILCON Increases</b>						
Parking				28.0	-	28.0
Traffic Mitigation				18.4	27.6	46.0
NICOE Infrastructure				6.5	-	6.5
<b>Bethesda MILCON Total</b>				<b>52.9</b>	<b>27.6</b>	<b>80.5</b>
Post Award Cost Growth & Parking				59.9	-	59.9
Dental Clinic Reprice				5.6	-	5.6
<b>Belvoir MILCON Total</b>				<b>65.5</b>	<b>-</b>	<b>65.5</b>
<b>Total MILCON Increase</b>				<b>118.4</b>	<b>27.6</b>	<b>146.0</b>
<b>O&amp;M Increase for Outfitting</b>						
Bethesda				170.7	19.5	190.2
Ft Belvoir				48.9	13.4	62.3
<b>Total O&amp;M Increase</b>				<b>219.6</b>	<b>32.9</b>	<b>252.5</b>
<b>New Position</b>	<b>16.0</b>	<b>885.8</b>	<b>727.6</b>	<b>644.9</b>	<b>129.2</b>	<b>2,403.5</b>

**Largest capital infrastructure investment ever made in MHS**



# Medical Center (MEDCEN) & Community Hospital Present & Future Staffing

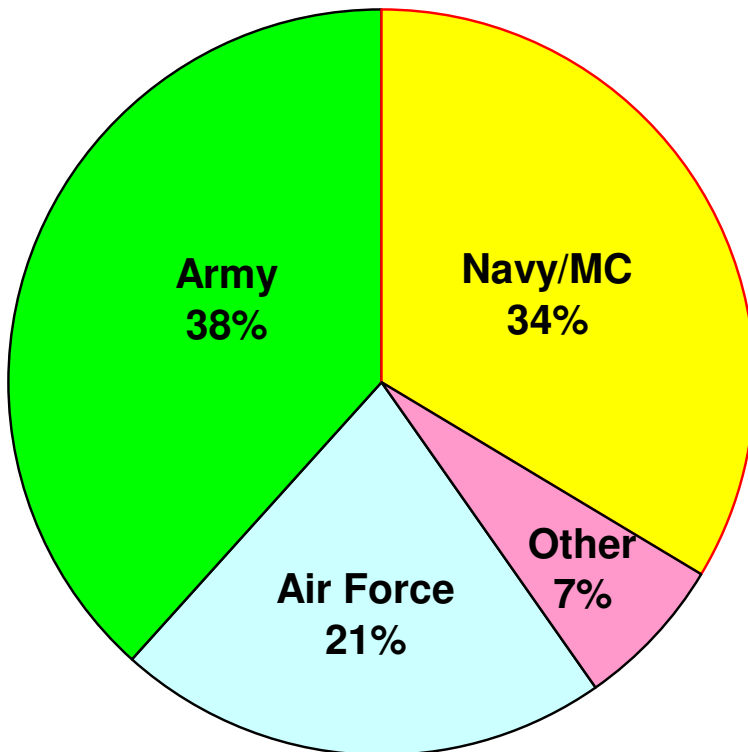


Sources: Service Components Data Call (Nov 2007), MHS Issue Team Brief (Sep 07)

# NCR Eligibles By Service

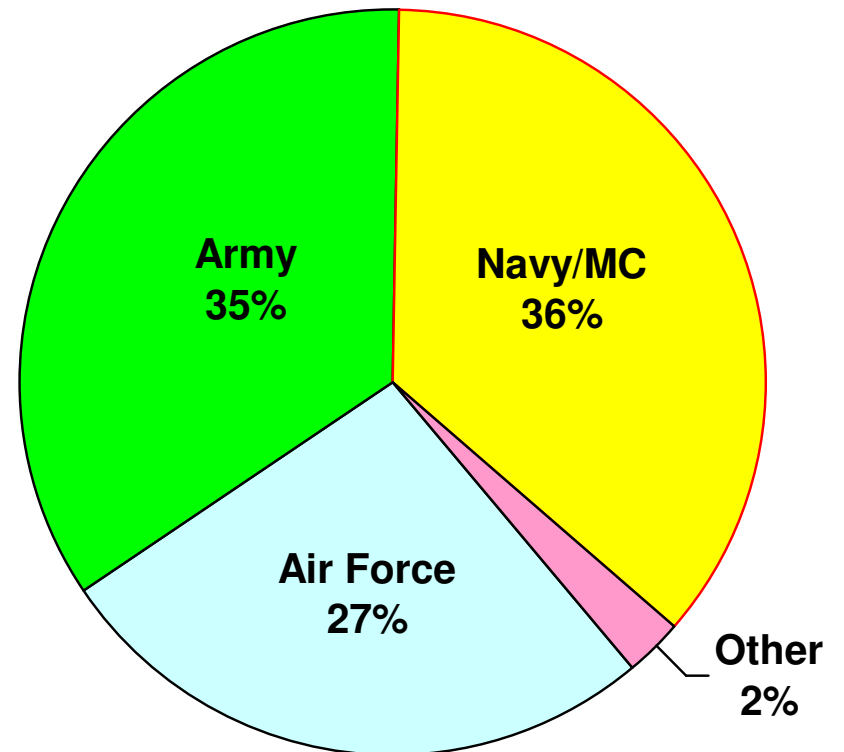
## NORTH

N = 204,139



## SOUTH

N = 243,653



Source: M2 (a/o Nov 2008)

# **Health Services Integration via Regional Business Planning**

- Regional Workload Planning & Reporting
  - Incentivize regional approach to capturing workload vice MTF centric model
  - Maintaining regional RWP and RVU production
  - Complete picture of military and purchased care
- Management of Enrollment
  - Managing out of catchment area enrollees
  - Managing shift of enrollees during and after the transition

# **Health Services Integration via Regional Business Planning**

- **Standard Business Practices**
  - Regional appointing/referral
  - Integrated Call Center
- **Primary Care Access**
  - Address primary care shortfalls in the Joint Operating Area (JOA)
  - Explore regional resource sharing/contracts to sustain access and capitalize on adjacencies across service lanes
  - Align primary care to population centers
- **Regional Readiness Reporting**

# **Major NCR Issues**

## **Key Post BRAC Decisions:**

- 1. WRNMMC and Fort Belvoir  
Manning & Governance**
- 2. Civilian Personnel Management**
- 3. NCR Financial Management**
- 4. WRNMMC & Fort Belvoir Staff Mix**
- 5. Organizational Alignment of JTF  
CapMed – Missions and Roles**

# Questions ?

VADM John Mateczun

John.Mateczun@med.navy.mil

(301) 319-8400